AASHTO
ACCREDITATION
PROGRAM

Procedures Manual for the AASHTO Accreditation of Construction Materials Testing Laboratories

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1 Introduction

1.1 The American Association of State Highway and Transportation Officials (AASHTO) established the AASHTO Accreditation Program (AAP) in June 1988. AASHTO is a national association of state highway and transportation departments with membership from all fifty states, the District of Columbia, and Puerto Rico. Its purpose is to foster the development, operation, and maintenance of a nationwide, integrated transportation system.

1.2 The objective of the AAP is to provide a mechanism for formally recognizing a testing agency's conformance to standards and the competency of a testing agency to perform specific tests on construction materials. The AAP is a voluntary program available to testing and inspection agencies in the public and private sector.

1.3 The AASHTO Accreditation Program is cited in 23 CFR 637.209 on laboratories and sampling and testing personnel qualifications. The AAP is also accepted by national, regional, state, county, city, and local authorities as a trusted provider of accreditation services.

1.4 AASHTO re:source is a technical service program of AASHTO and provides operational support and administrative coordination for the AAP. The AASHTO re:source Administrative Task Group (ATG), which is part of the AASHTO Committee on Materials and Pavements (COMP), acts on behalf of AASHTO members as the oversight committee for AASHTO re:source. The members of the ATG are appointed by the Chair of the COMP.

1.5 The program requirements, responsibilities of the testing and inspection agencies, and responsibilities of the AAP are defined in this manual. Supplemental policy and guidance documents that contain additional AASHTO Accreditation requirements are found on the AASHTO re:source website at https://aashtoresource.org/aap/documents.

1.6 The program requirements for assessment and proficiency samples are fulfilled by both AASHTO re:source and the Cement and Concrete Reference Laboratory (CCRL) and may be delivered by their staff members or contracted assessors, but the accreditation is managed by the AAP. See Figure 1 for details. More details about CCRL's programs can be found at http://www.ccrl.us/.

1.7 Specifiers of accreditation should review all program requirements when deciding how accreditation requirements are specified in program documents and should not assume that all accreditation programs are administered the same way. Information regarding the AAP's Specifier features can be found on the AASHTO re:source website at https://aashtoresource.org/specifiers.

2 Application

2.1 Laboratories wishing to obtain AASHTO Accreditation shall register an account on https://aashtoresource.org for all locations that intend to pursue accreditation. Once registered, the laboratories shall request on-site assessments and follow through on the procedures identified in Section 7. If proficiency samples are required based on the AASHTO Accreditation Policy on PSP Participation, laboratories need to enroll in the appropriate samples programs with the appropriate proficiency sample providers. However, a laboratory submitting an AASHTO re:source Assessment Request for the purpose of obtaining AASHTO Accreditation will be enrolled in all applicable AASHTO re:source proficiency sample programs and billed the appropriate amount.

3 Scope and Limitations of the AASHTO Accreditation Program

3.1 This section describes the scope of standards, facilities, personnel, and equipment included in the scope of the accreditation. This is intended to define the limitations of a laboratory's AASHTO Accreditation.

3.2 The laboratory shall notify the AAP within 60 calendar days of any major change in its capability to perform tests for which it is accredited, facilities, laboratory ownership, managerial personnel, and any other change which may affect the scope of its accreditation.

3.3 Relevant Standards

3.3.1 AASHTO accredits laboratories for specific standards related to construction materials testing including, but not limited to, asphalt binders, cutback asphalts, emulsified asphalts, soils, aggregates, asphalt mixtures, pavement preservation, cement, concrete, ultra-high performance concrete (UHPC), rock, dimension stone, iron and steel, sprayed fire-resistive materials (SFRM), supplementary cementitious materials, and masonry. The specific tests for which AASHTO grants accreditation are included in the scope of the AASHTO re:source and CCRL on-site assessment programs for which both apparatus and procedures are evaluated. See Figure 1 for the list of construction materials included in each program's scope of services, which also includes their proficiency sample programs. Figure 1 represents the offerings at the time this version of the document was issued. Current offerings can be found on AASHTO re:source's and CCRL's websites.

3.3.2 The scope of AAP includes standard methods of testing, practices, specifications, and guides from standard development organizations such as AASHTO, ASTM, and ISO/IEC/ANSI. The scope also includes standards that have been developed by federal and state departments of transportation and other standards development organizations provided that the ATG approves of their inclusion in the program.

3.3.3 If a standards development organization fails to reapprove a standard within the time limit established for re-approval, AASHTO may still offer accreditation for the standard even though it is no longer being published provided that the standard is still being used in the testing industry.

3.3.4 AASHTO accreditation requires a laboratory to comply with the requirements of AASHTO R 18, "*Standard Practice for Establishing and Implementing a Quality Management System for Construction Materials Testing Laboratories*." At the option of the laboratory, by meeting additional requirements, accreditation can also include recognition of a laboratory's compliance with the following standards:

ASTM C1077 - *Standard Practice for Agencies Testing Concrete and Concrete Aggregates for Use in Construction and Criteria for Testing Agency Evaluation*

ASTM C1093 – *Standard Practice for Accreditation of Testing Agencies for Masonry*

ASTM C1222 - *Standard Practice for Evaluation of Laboratories Testing Hydraulic Cement*

ASTM D3666 - *Standard Specification for Minimum Requirements for Agencies Testing and Inspecting Road and Paving Materials*

ASTM D3740 - *Standard Practice for Minimum Requirements for Agencies Engaged in Testing and/or Inspection of Soil and Rock as Used in Engineering Design and Construction*

ASTM E329 - *Standard Specification for Agencies Engaged in Construction Inspection, Testing, or Special Inspection*

ISO/IEC 17025 - *General Requirements for the Competence of Testing and Calibration Laboratories*

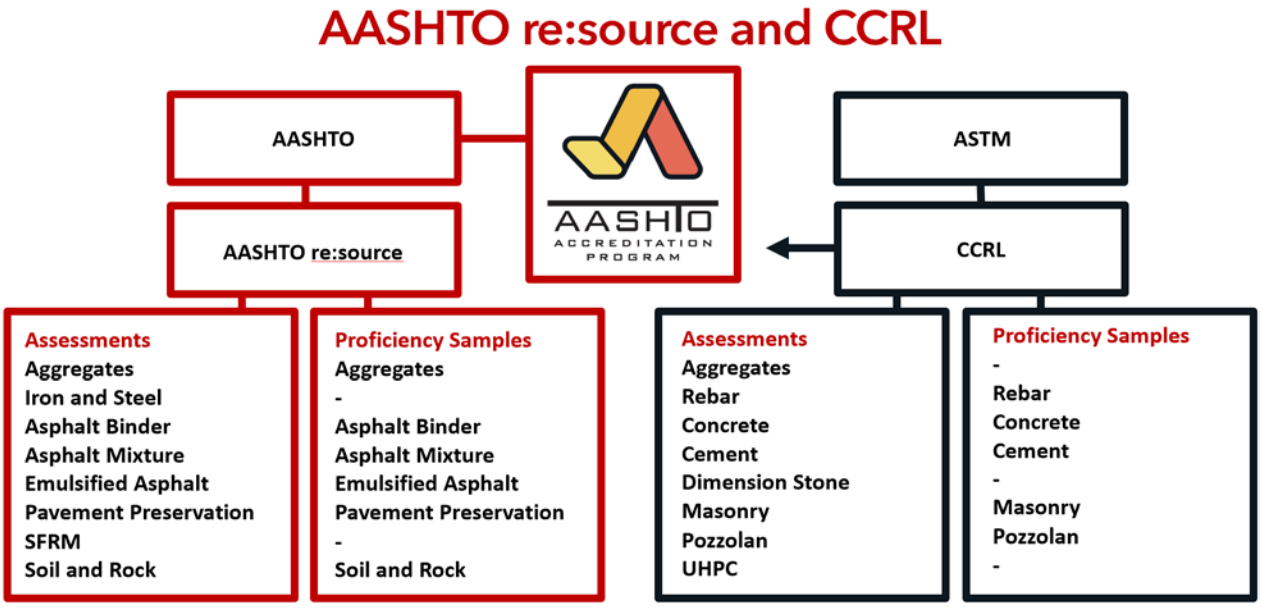

Figure 1. Scope of AASHTO re:source and CCRL Assessments and Proficiency Samples

3.4 Laboratory Facilities

3.4.1 Accreditation is site-specific, which means that the accreditation applies to testing performed within the confines of the laboratory's address and testing performed in the field (on-site) by field technicians that originated from the laboratory location. Accreditation does not extend to the work performed at other locations of the same company, mobile facilities, or temporary site facilities. Mobile and temporary site facilities are expected to maintain accreditation separately where required by the laboratory's contractual requirements with the agency specifying accreditation. Special provisions for mobile and temporary site facilities are included in this manual.

3.4.2 In order for a laboratory to maintain AASHTO Accreditation, it must be a functioning laboratory that is staffed, equipped, and actively performs testing. While it is understood that some laboratories have seasonal or temporary closures due to weather events and renovations, AASHTO Accreditation cannot be provided to any laboratory that is not operational other than to perform on-site assessments and proficiency sample tests.

AASHTO Accreditation cannot be provided to any laboratory that acts primarily as a transfer point for samples to be taken to another laboratory for testing. However, if an agency that only performs testing in the field that is dispatched and managed from a central location, the facility at the central location's address may be able to maintain AASHTO Accreditation for the testing normally performed in the field if it conforms to all relevant accreditation requirements and the situation is approved by the ATG.

3.4.3 For those test methods for which it is seeking accreditation, the laboratory shall maintain facilities for proper storage, handling, and conditioning of test specimens and samples. The facilities shall have the test areas, energy sources, lighting, heating, cooling, and ventilation necessary to facilitate performance of tests in a safe and controlled manner. The testing facilities shall present an environment which does not adversely affect test results and shall have facilities for the effective monitoring, control and recording of environmental conditions as appropriate.

3.4.4 The testing environment when testing is being conducted inside facilities (fixed, mobile, or temporary) shall be maintained with good housekeeping and shall maintain a temperature that allows for control of test temperatures for curing, conditioning, and testing per standard practices and test methods.

3.4.5 There are exceptions for temperature control permitted for the location of certain test equipment such as sulfur capping stations (AASHTO T 231/ASTM C617), large mechanical aggregate shakers (AASHTO T 27/ASTM C136), and aggregate degradation testing equipment (AASHTO T 96/ASTM C131).

> Note 1 – Room temperatures between 60 and 85°F (15 and 30°C) are recommended for facilitating conformance with most typical testing requirements. If temperatures fluctuate beyond the specified range or a range specified in a test method, the laboratory should evaluate the potential effects on test results and take corrective actions to resolve the nonconformity as soon as possible.

3.4.6 AASHTO Accredited laboratories are typically located in North America, but the AASHTO Accreditation Program can provide accreditation services to laboratories in any location under the condition that the U.S. Department of State has not issued travel warnings for that area that AASHTO considers to be high risk for its employees.

3.4.7 If a laboratory relocates to an address that differs from the location where the most recent AASHTO re:source or CCRL on-site assessment took place, the laboratory must inform AASHTO re:source in writing prior to the move date. The AAP will then notify the laboratory that they must submit a completed Laboratory Relocation Form along with all required supporting documentation. This documentation must be submitted within 60 days of the laboratory relocation. Once the information is reviewed, a decision will be made about whether a surveillance on-site assessment is required to verify ongoing technical competence.

3.5 Personnel and Equipment

3.5.1 Because accreditation is site-specific, the demonstration of testing during assessments and testing on proficiency samples shall be conducted by staff who normally perform the testing at the facility using equipment that is owned and managed out of that accredited laboratory location.

3.5.2 The laboratory shall maintain equipment conforming to specification requirements necessary for the testing performed and necessary calibration, standardization, and check equipment and reference standards. It is permitted to hire a calibration agency to carry out the calibrations if the laboratory determines that it does not have the personnel who are trained to carry out the calibration, standardization, and check activities effectively.

3.5.3 The laboratory's typical functional organization shall be consistent with that reported by the laboratory and appear adequate to support their testing capability. Supervisory and technical staff members responsible for performing tests may be interviewed by AASHTO staff at any time to determine if the documented practices for training and assuring competency are consistent with actual laboratory practice.

3.5.4 The laboratory organization shall have managerial staff continuously available during laboratory operations with the authority and resources needed to operate in compliance with its quality management system (QMS). Impacts to the laboratory operation shall be minimized by managerial challenges or transitions.

3.5.5 The laboratory personnel shall have the necessary education, training, technical knowledge and experience for their assigned functions. The laboratory staff shall be organized in such a way that confidence in its independence of judgment, integrity, and impartiality is continuously maintained. The laboratory staff shall conduct tests and render reports accurately, objectively, in a timely manner and without bias.

3.5.6 The laboratory management shall continuously maintain a ratio of supervisory to non-supervisory personnel which ensures adequate supervision. The laboratory's workload, indicated by their record system, shall be consistent with available equipment, facilities and personnel.

4 Personnel Qualification Criteria

4.1 The laboratory's personnel shall conform to the qualifications described in this section and shall normally report to the accredited laboratory location. The laboratory's personnel shall not engage in any other activity that could be considered a conflict of interest regarding the performance of their laboratory activities.

4.2 AASHTO Accreditation does not inherently require staff certifications; however, if a standard included in the scope of the laboratory's accreditation requires certifications, everyone performing activities that require certification shall hold the relevant certifications. Certification requirements are determined by the activities an individual performs, not solely by their job title or position description. Certifications held by managers or supervisors do not fulfill the certification requirements for the staff they oversee. Expired certifications are not accepted.

4.3 If a new hire is not certified, the laboratory shall establish a plan of action for that hire to obtain the certification in a reasonable timeframe and in conformance with established requirements in relevant standards. For more information on certification acceptance, please see the AASHTO Accreditation Policy on Certifications.

4.4 **Technical Director / Manager** - The technical director or manager of inspection or testing services provides direction for the technical activities of the accredited laboratory and is responsible for ensuring that all testing is carried out in a way that complies with the requirements of this document. The person holding this position shall (1) be an employee of the laboratory and not a contractor, subcontractor, or consultant; (2) be a person with science-oriented higher education, or have experience in satisfactorily directing testing or inspection services, or both, for the materials covered by the accreditation; and (3) have at least 3 years of experience in the inspection and testing of highway construction materials.

4.4.1 If a laboratory requests accreditation for a standard that requires the individual holding this position to be a registered engineer, geologist, or other licensed professional, that requirement will be enforced for the testing services identified in the scope of that standard.

4.5 **Laboratory Supervisor –** The laboratory supervisor is the primary supervisor in the laboratory. This position provides direct oversight to the technical staff and is often responsible for on-site training and evaluation of technicians. Adequate direct oversight is defined as being physically present at the same location as the technical staff or able to provide equivalent support virtually. The laboratory supervisor shall have at least 3 years of experience in the inspection and testing of highway construction materials.

4.6 **Supervising Laboratory Technician –** The supervising laboratory technician is the testing technician that also provides direct oversight to the technical laboratory staff and can be responsible for on-site training and evaluation of technicians. Adequate direct oversight is defined as being physically present at the same location as the technical staff performing testing. The supervising laboratory technician shall have at least 3 years of experience in the inspection and testing of highway construction materials.

4.7 **Supervising Field Technician –** The supervising field technician is the testing technician that also provides direct oversight to the technician staff that operates in the field, but this person is not necessarily required to work in the field all the time. Adequate direct oversight is defined as being physically present at the same location as the technical staff performing testing. The supervising field technician shall have at least 3 years of experience in the inspection and testing of highway construction materials.

4.8 **Technician –** The technician performs duties such as sampling, sample preparation, testing, and timely recording of test results as appropriate. The technician must possess appropriate current certifications for assigned responsibilities that require certifications.

4.9 Off-Site and Multi-Site Personnel

4.9.1 It is understood that some tests are frequently conducted at small field or peripheral locations. Therefore, it is not required that all technical staff always be physically present at such locations. If technical direction is provided by a manager who is not always present at the physical location or if there are any other shared personnel situations, the laboratory must provide the AAP with sufficient evidence that proves that technical direction is being carried out effectively and the shared personnel situations are appropriate for the work being conducted. It is the responsibility of the laboratory to ensure that the evidence is comprehensive.

4.9.2 An individual shall not be approved to provide technical direction or management to more than five facilities and shall maintain an in-person presence at least once per month for an entire day. Supervisory and testing personnel may be approved to perform testing at multiple accredited laboratory locations if those laboratories are less than 100 miles apart. Testing personnel shall not perform the same practice or test method during an on-site assessment for more than one location of an accredited laboratory during the same assessment tour.

4.9.3 Requests to approve shared personnel situations shall be submitted to the AAP along with evidence showing how this situation is effective in satisfying the requirements of the AAP. The AAP then forwards the request, along with evidence and other relevant information, to the Chair of the ATG for review. If the evidence is not found to be acceptable by the Chair of the ATG, the laboratory's request for accreditation will be denied until the laboratory has a manager in place at that location that conforms to the requirements of Section 3. For more information, see the AASHTO Accreditation Policy and Guidance on Multisite Personnel.

5 Laboratory Identification and Ownership

5.1 Laboratories are identified by name in accordance with the AASHTO Accreditation Policy and Guidance on Laboratory Names.

5.2 Laboratories shall identify the owner, board of directors (if applicable), and present the AAP with an updated organizational chart showing all technical operational personnel (ex. laboratory manager, quality manager, technicians) along with position titles and lines of authority. If staff members are omitted or non-staff members are included on the organizational chart, the AAP will handle the situation as a nonconformity. In some cases, the consequences for such actions may be severe if the AAP determines that there was intent to misrepresent the staffing to circumvent an accreditation requirement.

5.3 The objectivity and impartiality of laboratory ownership or leadership shall not be impaired by conflicts of interest. For example, if the same family or company owns both a contractor's quality control laboratory and the quality assurance laboratory that monitors the material produced by the contractor, that would present a high risk to the objectivity and impartiality of the quality assurance laboratory, which would cast doubt on the accuracy of the laboratory's test results.

5.4 If the ownership of a laboratory changes, the accreditation may continue provided that the location, most technical personnel, and major equipment has not changed. The sale of equipment or the transfer of personnel alone does not constitute a conveyance of accreditation. The laboratory is required to notify the AAP within 60 days of a change in ownership.

5.5 For a transfer of accreditation to occur with a change in ownership, the laboratory shall submit to the AAP within 60 days:

- a description of the transaction including changes being made to the organization based on the change in ownership;
- new contact information for accreditation notifications;
- an updated organizational chart;
- updated personnel biographical sketches and credentials; and
- a state, provincial, or national business license or registration.

5.6 Once the information has been found to conform to the program requirements of the AAP for the scope of testing that will be included in the accreditation, the name of the laboratory (if changed) will be update on the AAP Directory of Accredited Laboratories.

5.7 Any situations that are not described in this manual such as joint venture or other shared responsibility arrangement must be approved by the ATG.

6 Fees

6.1 Laboratories participating in the AAP are charged appropriate fees for proficiency samples and on-site assessments according to AASHTO re:source's and CCRL's normal billing procedures. In addition, laboratories participating in the AAP will receive an invoice from AASHTO each year for the annual AAP administrative fee for the previous year of administrative services. Fee structures are available on the AASHTO re:source website. Fees are required to be paid for accreditation services to continue. See the AASHTO Accreditation Policy and Guidance on Fees for more details.

7 AASHTO Accreditation Process

7.1 This section describes requirements for quality management systems, laboratory assessments, proficiency sample testing, and corrective actions. The accreditation process takes approximately six months to complete the first time.

7.2 Quality Management Systems

7.2.1 Before requesting accreditation, the laboratory shall establish, implement, and maintain a quality management system which meets the requirements specified in AASHTO R 18 and all other quality management standards for which the laboratory is attempting to conform.

7.2.2 A QMS may be maintained digitally or in hard copy and is not required to be contained within a single binder or manual.

7.2.3 The laboratory shall comply with all relevant requirements of the AAP including those defined in the Policy and Guidance Documents on the AASHTO re:source website.

7.2.4 The laboratory shall provide its staff members with access to the QMS and access to the current versions of standards included in the scope of the laboratory's accreditation. The standards shall be properly acquired by the laboratory and may be digital or printed.

7.3 Laboratory Assessments

7.3.1 The laboratory shall undergo AASHTO re:source and CCRL assessments for the scope of testing services it desires to include in its scope of accreditation. Accredited laboratories must receive assessments in the normal sequence of the AASHTO re:source and/or CCRL tours. The targeted tour frequency is approximately 27 months.

7.3.2 Laboratories requesting accreditation must (1) complete an Assessment Request Form from either AASHTO re:source or CCRL through the AASHTO re:source and CCRL websites depending on the scope of testing requested (see Figure 1), (2) complete an Initial Accreditation Review Form, and (3) remit payment for the application fee. Arrangements will then be made for the laboratory to receive appropriate AASHTO re:source or CCRL on-site assessments.

7.3.3 The applicant laboratory must agree to comply with the requirements for accreditation and supply information needed for the evaluation of the laboratory.

7.3.4 The laboratory shall request an initial on-site assessment once it is prepared to demonstrate conformance to program requirements and knows its desired timeframe to obtain accreditation. Future assessments shall be requested, but the assessment provider will notify the laboratory when it is time to submit the request form for the next normal sequence tour. See Figure 1 for a list of construction materials included in each program's scope of services.

7.3.5 In cases where the first assessment of a laboratory seeking accreditation is conducted outside of the normal sequence of the AASHTO re:source and CCRL tours (referred to as out-of-sequence), a second assessment must be conducted during the next normal sequence tour in that laboratory's geographic area if more than 6 months has lapsed since the date of the first assessment and the arrival of the next normal sequence tour. If the next normal sequence tour is between 6 to 12 months following an out-of-sequence assessment, an abbreviated surveillance assessment may be performed. If the time period since the out-of-sequence assessment exceeds 12 months, a full assessment will be performed. All future assessments will occur during the normal sequence of the assessment tour unless there is a need for additional surveillance or the laboratory desires to add standards to their scope of accreditation between normally scheduled assessments.

7.3.6 The on-site assessment includes an evaluation of the laboratory's quality management system, equipment, and personnel in conforming to the minimum requirements established in AASHTO R 18 and the standards selected on the laboratory's AASHTO re:source or CCRL assessment request forms.

7.3.7 During the assessment, the AASHTO re:source or CCRL laboratory assessors evaluate a sampling of the equipment used by the laboratory and observe the physical demonstration of the practices and tests for which the laboratory requested accreditation and to determine if the laboratory's quality management system implementation activities are consistent with those specified in the laboratory's quality management system. The assessment also includes, where appropriate, an evaluation of proper techniques for selecting, identifying, handling, conditioning, storing, and retaining test specimens, recording test results, processing data, and issuing test reports. Chemical tests are evaluated based on a review of the laboratory's test qualification data as described in AASHTO T 105 and ASTM C114.

7.3.8 The personnel used by the laboratory during the AASHTO re:source and CCRL on-site assessments shall be representative of the personnel available at that laboratory location during the period between assessments. The temporary acquisition of personnel to enhance the results of the assessment is prohibited. However, if a laboratory normally operates with individuals performing duties at an off-site or multiple locations, this arrangement may be approved if it complies with the Off-Site and Multi-Site Personnel section in this manual. Testing is not permitted to be conducted during assessments by the same staff member for multiple locations of accredited laboratories.

7.3.9 Temporary acquisition or sharing of equipment with other testing and inspection agency facilities during an assessment is not permitted. However, a laboratory that is not accredited or seeking accreditation for AASHTO R 39 or ASTM C192 is permitted to rent a concrete mixer during the assessment.

7.3.10 To avoid the possibility of a conflict of interest, AASHTO re:source and CCRL laboratory assessors are not associated with any testing laboratories.

7.3.11 At the completion of each AASHTO re:source and CCRL assessment, the assessor(s) holds a briefing conference with the laboratory staff to summarize the findings and point out nonconformities requiring correction (deviations from standard methods of test for which accreditation is requested or problems with the laboratory's quality management system). The assessor leaves a copy of a preliminary report identifying the nonconformities. On returning to the office, the assessor prepares a formal report and sends it to the laboratory.

7.3.12 Failure to receive applicable assessments will result in revocation of accreditation. If the laboratory needs to postpone the assessment for any reason, the laboratory shall notify the applicable assessment provider (AASHTO re:source or CCRL) as soon as possible. The laboratory will then be required to undergo the assessment within 90 days of the notification provided to them by the AAP regarding the postponement. The laboratory is responsible for payment of any postponement fees and additional out-of-sequence on-site assessmentfees.

7.3.13 If a laboratory requests to add a standard to their scope of accreditation outside of the normal sequence tour, it may receive an out-of-sequence assessment either through a remote or on-site assessment. The determination regarding whether the assessment is conducted remotely is made by the AAP.

7.3.14 If the on-site assessment reveals extremely poor performance, the laboratory's accreditation may be suspended or revoked without providing the laboratory with an opportunity to address each nonconformity noted in the on-site assessment report. However, a laboratory is provided with an opportunity to address the overarching concerns that led to the extremely poor performance and explain the corrective actions it will be taking to resolve the situation. The corrective actions are considered by the ATG before a determination is made on suspension or revocation. Even if the ATG determines that accreditation may continue without suspension or revocation while the laboratory resolves the issues, a complete on-site assessment is required in almost all cases. The laboratory is responsible for all fees associated with the on-site assessments.

7.4 On-Site Surveillance Audits

7.4.1 A laboratory may be required to undergo an on-site surveillance audit to investigate a concern that cannot be sufficiently evaluated remotely. Concerns may include, but are not limited to, poor performance during an assessment, a history of repeat nonconformities, changes in personnel, changes in laboratory ownership, potential location or facility changes, falsification of proficiency sample results, and third-party complaints. The laboratory is responsible for paying fees associated with an on-site surveillance audit in almost all cases.

7.4.2 The laboratory will normally be notified in writing about the need for an on-site surveillance audit and will be expected to receive the on-site surveillance audit within the timeframe identified in the notification. However, there may be times when an unannounced on-site surveillance audit is authorized by the ATG. The on-site surveillance audit may include typical test demonstrations expected during an assessment or may include other monitoring activities.

7.4.3 If the AAP determines that the laboratory needs to take corrective actions after an on-site surveillance audit, either an assessment report or accreditation decision will be issued that includes an associated deadline and the consequences for not resolving the nonconformities or concerns.

7.5 Proficiency Testing Requirements

7.5.1 An AASHTO Accredited laboratory shall participate in all AASHTO re:source and CCRL proficiency sample programs required for the test method(s) included in the scope of the laboratory's accreditation (see Figure 1). Program information can be found on the AASHTO re:source and CCRL websites. For information regarding the specific rules for participation, see the AASHTO Accreditation Policy on PSP Participation. AASHTO Accredited laboratories are responsible for maintaining their proficiency sample program enrollments with the relevant proficiency sample program provider to conform with AASHTO Accreditation requirements.

7.5.2 Satisfactory participation requires the laboratory to perform and report results for which it receives z-scores less than or equal to 2.00 for all test methods within the scope of a laboratory's accreditation on all applicable samples.

7.5.3 Testing is not permitted to be conducted on proficiency samples by the same staff member or using the same equipment for multiple locations of accredited laboratories. A laboratory that is not accredited for AASHTO R 39 or ASTM C192 is permitted to rent a concrete mixer for performance of concrete proficiency sample testing. Reporting the same proficiency sample testing results for different accredited laboratories is not permitted.

8 Corrective Actions

8.1 Corrective actions are required to be taken by an AASHTO Accredited laboratory that falls out of conformance with requirements in the AAP or in the standards for which it maintains accreditation. Corrective actions shall identify relevant causal factors and actions taken to resolve nonconformities.

8.2 Corrective Actions Related to an Assessment

8.2.1 If notified of a nonconformity resulting from an on-site assessment, a laboratory shall provide the AAP with satisfactory evidence that all nonconformities noted were either resolved or that action has been taken to resolve the nonconformities within 60 calendar days of the issuance of the final report. If a laboratory has a nonconformity in a specific standard, it may choose to withdraw interest in accreditation for the test rather than resolving the nonconformity.

8.2.2 The response must include a specific description of the corrective action taken (also known as a corrective action report) and substantiating evidence, such as records, copies of newly prepared or revised documents, equipment packing slips, videos demonstrating conformance to standard requirements, or photographs. If there is a nonconformity that is identified as a repeat issue, a root cause analysis is required as part of the corrective action report.

8.2.3 Supporting documentation shall satisfy all relevant requirements of AASHTO R 18 and other applicable standards such as test methods or quality management system standards. If the nonconformity indicates that a calibration, standardization, check, or maintenance record was not completed or did not conform to a requirement, the laboratory shall submit completed records that conform to all relevant requirements along with their corrective actions. If the nonconformity indicates that a policy or procedure was not presented or did not conform to a requirement, the laboratory shall provide evidence of implementation of a conforming policy or procedure.

8.2.4 Once the nonconformities have been resolved, the accreditation shall be granted or maintained with changes being made to the scope of standards based on the content of the on-site assessment report and any observations made by the laboratory assessor. If nonconformities for AASHTO R 18 requirements are not resolved, accreditation cannot be granted. Similarly, if there are prerequisite requirements for accreditation that exist in other standards, those requirements must also be satisfied before accreditation can be granted for the relevant standard. The AASHTO Accreditation Policy on Prerequisite Standards Required for Accreditation describes these requirements.

8.2.5 If the laboratory does not complete this action before the 60-day deadline, the laboratory accreditation will be either denied or suspended based on an unresolved nonconformity; however, the laboratory may receive an additional 30 days to submit evidence of resolution of a nonconformity 1) if the laboratory provides the AAP with a written plan for resolving the nonconformity including an estimated completion date and any evidence of action taken such as equipment purchase orders, or 2) if only minor changes are required.

8.2.6 Requests for extensions of deadlines due to workload, attempts to submit incomplete corrective actions or minimal supporting evidence, and arguments regarding the validity of the accreditation process will not be considered as grounds for permitting additional time to resolve a nonconformity.

8.2.7 If the laboratory receives the additional 30 days to complete the resolution to any nonconformity, and the laboratory does not resolve the nonconformity by the end of this 30-day period, the laboratory accreditation will be either denied or suspended based on the unresolved nonconformity.

8.2.8 If a suspension or denial occurs, the laboratory will be granted additional time to resolve the nonconformity. The standard amount of time is 30 days, but consideration will be made for extenuating circumstances.

8.2.9 If a laboratory seeking accreditation does not resolve a nonconformity within 120 calendar days of the issuance of the on-site assessment report, an additional on-site assessment may be required before accreditation can be considered.

8.2.10 Once all relevant nonconformities have been resolved and all other program requirements have been satisfied, AASHTO accreditation is initially granted on a test-by-test basis. Once accreditation has been granted, AASHTO re:source sends a hard copy of the Certificate of AASHTO Accreditation (see Figure 2 for an example) to the laboratory, and the laboratory's accreditation information is displayed on the AAP Directory of Accredited Laboratories.

8.3 Corrective Action Related to Proficiency Samples and Extra Proficiency Samples

8.3.1 The laboratory shall, within 60 calendar days of the date of issuance of a proficiency sample report, (1) investigate to determine the possible reason(s) for results beyond 2 standard deviations of the grand average (i.e., z-scores greater than 2.00), (2) take action to correct any issues that are uncovered in the investigation, and (3) document and maintain records of the investigation and corrective actions taken.

8.3.2 Consecutive occurrences of either nonparticipation or results beyond 2.50 standard deviations of the grand average (i.e., z-scores greater than 2.50) will result in suspension of accreditation for the applicable test method(s). In order for reinstatement of accreditation for the test method(s) to occur, the laboratory must receive ratings within 2 standard deviations of the grand average on the next regularly scheduled round of proficiency samples or on an extra proficiency sample chosen by the AAP. Extra proficiency samples are surplus samples that were produced for a regularly scheduled round of testing and are available for purchase by contacting the AAP.

8.3.3 When available, laboratories that have had their accreditation suspended for proficiency testing issues can have their testing evaluated using extra proficiency sample(s) rather than waiting for the next normally scheduled round of testing. Test results must be accompanied by a completed corrective action report identifying the probable source of previous low ratings and the changes that have been implemented before performing testing on the extra proficiency sample.

8.3.4 The laboratory is responsible for the cost of the extra proficiency sample(s). If the laboratory receives ratings beyond 2 standard deviations on the extra proficiency sample(s), the suspension will remain in effect. If the laboratory receives ratings within 2 standard deviations and the corrective action supplied by the laboratory includes a root cause analysis that has been found to be acceptable, the suspension will be removed. In either case, laboratories must receive satisfactory ratings on the next regularly scheduled round of proficiency samples to avoid future revocation of accreditation for the affected test method(s).

8.4 Corrective Actions Related to an Accreditation Decision

8.4.1 When a laboratory receives an accreditation decision notification for any reason, a laboratory is required to respond to the issue identified in the timeframe provided by the AAP and specified in the notification. Responses will be reviewed and will result in accreditation being granted, reinstated, denied, suspended, or revoked.

9 Annual Reviews

9.1 While annual monitoring of AASHTO Accreditation status occurs through the review of proficiency sample ratings, laboratories are also required to review and update their account information and reconfirm their understanding of their obligations as an AASHTO Accredited Laboratory through the Annual Review process. An Annual Review Form must be completed and submitted online with supporting documentation during the anniversary month in which the laboratory was first granted accreditation or during the month that precedes the anniversary month. The laboratory has a total of 60 days from the issuance of the first reminder email to submit the Annual Review Form and supporting documentation for review.

9.2 AASHTO re:source sends an email to the laboratory's contacts that instructs them to submit the Annual Review Form 30 days prior to the first day of the laboratory's annual review month. Another reminder is sent on the first day of the laboratory's anniversary month if the Annual Review Form has not yet been submitted. Once the laboratory submits the documentation, the AASHTO re:source staff completes the review to ensure compliance with program requirements. If the laboratory does not submit the document during the month of their anniversary date, or if a review indicates that the laboratory has not complied with accreditation requirements, action will be taken to suspend accreditation in appropriate areas, and the laboratory will be notified of the suspension.

10 Maintaining AASHTO Accreditation

10.1 An AASHTO Accredited laboratory shall continue to undergo AASHTO re:source and CCRL on-site assessment(s) appropriate to their scope of accreditation at routine intervals, shall continue to participate in the relevant Proficiency Sample Programs, shall continue to submit Annual Reviews, and shall adhere to all program requirements noted in this document and in all standards included in the scope of the laboratory's accreditation.

10.2 Each on-site assessment of an accredited laboratory provides the laboratory with an opportunity to change the scope of accreditation. If the laboratory changes its scope, the directory will reflect any changes in the scope once the accreditation decision has been rendered. The process which follows each periodic on-site assessment of an accredited laboratory is similar to the process followed after the initial on-site assessment except that a new certificate is not mailed to the laboratory following resolution of the nonconformities.

11 Accreditation Decisions

11.1 AASHTO uses a management council approach in reaching decisions on accreditation. AASHTO re:source acts as the technical advisor in compiling all necessary information resulting from the on-site assessment(s), quality management system evaluation(s), proficiency testing, and communications from the laboratory which describe steps taken to correct identified nonconformities. The ATG, which is a subset of the AASHTO Committee on Materials and Pavements, has been designated by the Committee to act as a Management Council for the AAP.

11.2 AASHTO evaluates a laboratory's accreditation status after AASHTO re:source and CCRL assessments; every 12 months after the initial accreditation; and whenever there is evidence to question a laboratory's conformance to accreditation requirements.

11.3 In most situations, AASHTO re:source staff review the documents submitted by the laboratory and prepare accreditation decisions based on established protocols that have been approved by the ATG. If there are situations that appear to be unusual or the decision is unclear, the AASHTO re:source staff will prepare a summary along with supporting documentation for review by the ATG Chair. The ATG Chair will render a decision on the situation in this case and may call upon the entire ATG if desired.

11.4 Laboratories are notified about accreditation decisions once the decisions are finalized. If accreditation is denied, the laboratory is notified of the reason for the denial and given an opportunity to respond or appeal the decision.

12 Appeal Procedures

12.1 A laboratory denied accreditation or whose accreditation has been revoked has the right of appeal if it believes it has submitted sufficient information to warrant accreditation. AASHTO uses a two-level appeal procedure as documented below. Accreditation will continue to be denied or revoked throughout the appeals process unless the original decision has been overturned.

12.2 First-Level Appeal

12.2.1 A laboratory makes a first-level appeal by sending explanations and supporting documentation to AASHTO re:source. The appeal and supporting documentation must be sent within 30 calendar days from receiving notice of denial or revocation. Upon receipt of an appeal, AASHTO re:source prepares a memorandum for the Chair of the AASHTO re:source ATG presenting the appeal and the laboratory's supporting documentation. AASHTO re:source sends the memorandum and supporting documentation to the six voting members of the ATG which includes the Chair, the Secretary, and the four regional representatives for comments and recommendations.

12.2.2 Based on all the comments and recommendations made, the ATG Chair prepares a first-level appeal ballot for the voting members requesting that they agree or disagree with the recommendation of the Chair. Support of at least 2/3 of the voting members of the ATG is required to uphold the recommendation of the Chair. If the recommendation is not upheld, the opposite position is the ruling of the ATG.

12.2.3 The laboratory is notified of the decision on its appeal by the AASHTO re:source staff. Decisions are emailed within 15 calendar days from when the decision is made by the ATG. If the appeal is denied, the notification letter will include the reason for the denial and information on the second-level appeal process which is available to the laboratory. If the laboratory decides to resolve the issue, the laboratory must provide AASHTO re:source with evidence of corrective action taken. If the appeal is granted, the scope of the laboratory's accreditation is revised to include the additional test(s).

12.3 Second-Level Appeal

12.3.1 A laboratory may make a second-level appeal by informing the AASHTO Accreditation Program in writing or through email within 30 calendar days after receipt of the denial of the first-level appeal. A special review panel comprised of the COMP Chair and three members chosen by the COMP Chair from the COMP is established to hear the second-level appeal. Members of the ATG who participated in the first-level appeal are not eligible for membership on the panel. The laboratory will be notified in writing or through email of the appeal hearing time. The hearing will typically be held through an online meeting between the panel and the laboratory representative. The hearing will be held within 45 calendar days of receiving the notice of the second-level appeal.

12.3.2 Following the hearing, AASHTO re:source, in consultation with the COMP Chair, will ballot the panel. On the ballot, the panel will vote to either support or deny the appeal. Support by at least three members of the panel will be required to grant the appeal; otherwise, the appeal is denied.

12.3.3 The laboratory is notified of the decision on its second-level appeal within 30 calendar days of the hearing. If the appeal is denied, the laboratory may decide to resolve the issue by providing AASHTO re:source with evidence of the corrective action taken, if permitted by the Appeals Panel. If the appeal is granted, the scope of the laboratory's accreditation is revised to include the additional test(s).

13 Suspension and Revocation of Accreditation

13.1 A laboratory may have its entire accreditation or its accreditation for specific test methods suspended or revoked if it is found not to conform to AAP criteria.

13.2 Suspension is a temporary removal of the accredited status of a laboratory when it is found to be out of compliance with the terms of its accreditation. Reasons for suspension include, but are not limited to, loss of personnel, loss of major equipment, damage by fire or flood, changing laboratory location, failure to pay fees, failure to receive satisfactory ratings on consecutive proficiency sample reports, and failure to resolve nonconformities related to the requirements of accreditation. The AAP will notify the laboratory of the reasons for and conditions of the suspension, the action(s) required for reinstatement, and the deadline for satisfactorily completing the action.

13.3 During the suspension, the AAP directory will show the laboratory's status as suspended. This suspension notice shall not be removed until the laboratory has resolved the cause of the suspension, and the AAP has completed its process for review and approval of the resolution. During suspension, the testing for the affected scope is not considered to be accredited.

13.4 A laboratory may have its accreditation revoked if the laboratory fails to meet program requirements or it is concluded that the nonconformities are too major and/or too numerous to be corrected in a reasonable time frame. Generally, the decision to revoke a laboratory's accreditation is based on normal programmatic procedures such as not resolving a suspension within the required timeframe. However, in some cases the AAP may unilaterally revoke the accreditation of a laboratory if the laboratory acts in such a manner as to bring AASHTO into disrepute or the laboratory makes any statements relative to its accreditation that AASHTO considers false or misleading. The laboratory will be notified of the

reasons for the revocation. If the revocation is based on falsification of records, test reports, or other documentation, the registered specifiers that are monitoring the laboratory in question will be notified of the reason for the revocation.

13.5 A laboratory having its accreditation revoked must cease use of the AASHTO Accredited logo on its reports, correspondence, or advertising. The AAP Directory will no longer list the revoked laboratory. A revoked laboratory or a laboratory which voluntarily withdraws its accreditation may be required to reapply for accreditation as if it were a new laboratory.

14 ISO/IEC 17025 Accreditation

14.1 A laboratory interested in obtaining accreditation for ISO/IEC 17025, *General Requirements for the Competence of Calibration and Testing Laboratories*, must first have a current and valid AASHTO R 18 accreditation through the AAP or can apply for accreditation for ISO/IEC 17025 and AASHTO R 18 simultaneously through AASHTO re:source. A laboratory must also be implementing a quality management system which satisfies the requirements of ISO/IEC 17025. If a laboratory is only interested in scopes of accreditation that are normally included in a CCRL assessment, the laboratory must receive an ISO/IEC 17025 assessment from AASHTO re:source.

14.2 A laboratory seeking accreditation for ISO/IEC 17025 must submit an on-line request for ISO/IEC 17025 accreditation, along with its current quality manual and supporting documentation, including the most recent records of internal audit and management review activities. An ISO/IEC 17025 Auditor will then initiate the process by conducting an in-house review of the quality management system documentation. If the review indicates that the quality management system is essentially in compliance with the requirements of ISO/IEC 17025, the Auditor will contact the laboratory and schedule a date for the initial assessment of the laboratory. If not, the Auditor will contact the laboratory and obtain additional information.

14.3 The initial assessment of the laboratory will cover all applicable sections of ISO/IEC 17025 and will take approximately two days in addition to the time spent assessing the rest of the scope of accreditation requested by the laboratory. The AAP will grant accreditation once all nonconformities have been resolved within the required time frame. ISO/IEC 17025 assessments will then occur during the normal sequence of the AASHTO re:source assessment tours.

15 Temporary Extension of Accreditation to a Project Laboratory Facility

15.1 Accreditation is permitted to be extended to a temporary facility for up to 12 months without first undergoing an on-site assessment if the temporary facility is staffed, equipped, and sufficiently controlled by a main facility that is AASHTO accredited for the testing being conducted at the temporary facility. The temporary facility must be implementing the quality management system of the main facility. All work at the temporary facility must be supervised by personnel that conform to the requirements of Section 3. Temporary facilities include trailers or other structures, and the personnel and equipment associated with them that have been established for a specific project.

15.2 Before accreditation is extended to the temporary facility, the temporary facility shall submit their inventory of equipment along with copies of the most recent equipment calibration, standardization, and check records. The technician(s) assigned to the temporary facility shall also perform testing using the equipment assigned and located in the temporary facility and shall receive satisfactory ratings on extra proficiency samples chosen by the AAP.

15.3 The temporary facility's information will be listed under the same accreditation directory listing of the main facility for up to 12 months. The listing shall indicate the location of the temporary facility, the scope of testing, the staff assigned to the temporary facility, and the expiration date of the temporary extension of accreditation.

15.4 If a temporary facility is expected to operate longer than 12 months, laboratory management must apply for separate accreditation of the temporary facility before the expiration date of the temporary extension of accreditation to ensure uninterrupted accreditation. The AAP reserves the right to perform an on-site assessment at a temporary facility during the 12-month period at a cost to the main facility if there is any question about the conformance to the requirements of this document or about the quality of work being conducted at this temporary facility.

> Note 2 -- The AAP encourages laboratories to always contact the project owner or specifying agency regarding accreditation requirements before requesting accreditation for a temporary facility. In some cases, the project owner or specifying agency may waive the requirements for accreditation provided that the operations of the temporary facility are controlled to its satisfaction by the laboratory's main facility.

15.5 More details on this process are described in the AASHTO Accreditation Policy and Guidance on Temporary Laboratories.

16 Mobile Laboratories

16.1 Mobile laboratories are transportable, functionally operational testing facilities that are frequently moved to different sites and are capable of maintaining a separate accreditation from any main facility. Mobile laboratories must implement a quality management system and conform to the requirements of this document with the understanding that certain documents may be retained, and management may be located at the main facility.

16.2 If management is located at a different facility, the laboratory must prove that effective on-site or virtual supervision is being provided to the mobile laboratory. An accreditation directory listing for a mobile facility differs from that of a typical laboratory by the addition of the words "mobile laboratory" to the name.

16.3 After the mobile facility is relocated, the laboratory management must notify the AAP and submit evidence that any equipment for which its calibration may have been affected by the move has been calibrated or standardized at the new site in order to update the location on the AAP Directory.

16.4 It is understood that mobile laboratories are activated as needed and might be dormant at times, but continued participation in all required accreditation activities is required for accreditation to be maintained.

16.5 If the testing capabilities of the mobile laboratory are reduced (equipment failure/staffing issues/facility issues) between on-site assessments, the laboratory shall notify the AAP about the changes so that the reduced standards may be removed from the mobile laboratory's listing on the AAP Directory of Accredited Laboratories. The laboratory accreditation for the affected standards can be reinstated prior to the next regularly scheduled on-site assessment if the laboratory provides the following information to the AAP:

- evidence of testing apparatus reinstallation;
- current calibration, standardization, and check records as required;
- updated personnel records showing that it is still appropriately and competently staffed for the work being performed;
- and by receiving satisfactory ratings on required proficiency sample testing after reinstallation.

16.6 Once the on-site assessment tour returns to the area, those standards are required to be included as part of the normal assessment procedures for the accreditation to continue.

17 Confidentiality and Consent to Release Information

17.1 AASHTO re:source ensures that findings noted in on-site assessments, proficiency sample testing results, and reasons for accreditation actions are maintained in a confidential manner unless the laboratory has consented to release that information or there are legal or ethical justifications for breaking confidentiality. Confidential information is shared for programmatic purposes with AASHTO staff, relevant CCRL staff, the AASHTO re:source ATG, and the Appeals Panel. Laboratory-specific information which has been made available in the Directory of Accredited Laboratories on the AASHTO re:source website can be shared with the public without programmatic purposes, customer consent, or legal or ethical justification.

17.2 A Consent to Release Information Form or acceptance of the terms of the specifier tools on AASHTO re:source's website must be submitted by laboratory management before information will be released by AASHTO re:source to external sources not identified in this document. If fraudulent activities are identified, the AAP reserves the right to release the applicable information to interested parties without the prior consent of the laboratory.

18 Reports and Complaints from External Agencies or Individuals

18.1 If a local, regional, state, or national authority determines that the laboratory is operating in a way that violates the criteria specified in this document, the AASHTO Accreditation Program will submit the evidence collected by the agency to the ATG for an accreditation decision. The AAP reserves the right to revoke a laboratory's accreditation for any reason that calls into question the reputation of the accreditation program.

18.2 The laboratory will be notified of the external complaint and will have 7 calendar days to address the complaint by submitting a written explanation to the AAP before accreditation action will be taken. The procedures for suspension, revocation, and appeals in this manual will be followed when an accreditation action results from an external complaint.

18.3 Complaints received from current or past accredited laboratory employees notifying the AAP of intentional lack of conformance to program requirements or fraud will be reported by the AAP to the appropriate authorities and the ATG. An unannounced on-site visit by the AASHTO re:source or CCRL may be required to investigate the complaint. Accreditation may be denied, suspended, or revoked based on the results of the investigation. Interested parties may be notified of the results of the investigation without prior authorization from the laboratory.

19 Refusal of Service

19.1 AASHTO reserves the right to refuse service to laboratories that:

- maintain unsafe working conditions for the on-site assessor from AASHTO re:source or CCRL;
- create a hostile working environment for the on-site assessor or other staff members from AASHTO re:source, CCRL, or AASHTO; or
- behave in a manner that is detrimental to the reputation of the AAP.

19.2 The right to refuse service must be approved by the ATG.

20 Certificate of Accreditation

20.1 AASHTO issues a certificate of accreditation which includes the name and location of the laboratory, and a reference to the AASHTO re:source website address where the laboratory's scope of accreditation and specific test methods are listed (see Figure 2). The official current status of accreditation is maintained on the AASHTO re:source website. Certificates do not list the expiration date of the accreditation. The AASHTO Accreditation for an individual laboratory does not expire because it is a continual process.

20.2 Laboratories receive certificates free of charge upon initial accreditation. Laboratories requesting an additional copy of a certificate will be charged a $50 processing fee for each certificate issued.

Figure 2. Example of Certificate of AASHTO Accreditation

21 Directory of Accredited Laboratories

21.1 AASHTO maintains the current Directory of AASHTO Accredited Laboratories containing the following information for each laboratory:

- Name and location of the laboratory;
- Contact person at the laboratory;
- Contact information of the laboratory;
- Accreditation initiation dates; and
- Scope of the accreditation

21.2 The current list of accredited laboratories is available at https://aashtoresource.org/aap/accreditation-directory.

22 AASHTO Accreditation Publicity Policy and Conditions for Accreditation

22.1 AAP encourages accredited laboratories to publicize their accreditation status on websites, promotional materials, and test reports using the following methods:

- Use of the AASHTO Accredited logo;
- Use of a statement that refers to its accreditation status; and
- Use of the current laboratory's listing or certificate on the Directory of AASHTO Accredited laboratories.

22.2 AASHTO Accredited Logo

22.2.1 The AASHTO Accredited logo is available for use by AASHTO Accredited laboratories on websites, advertisements, brochures, and other approved items. To ask if a specific use is acceptable and to request an electronic copy of the AASHTO Accredited logo, please contact AASHTO re:source or download a copy from www.aashtoresource.org.

Figure 3. The AASHTO Accredited logo

22.3 Statements of Accreditation

22.3.1 A statement of accreditation must specify that accreditation is granted by the AAP and that accreditation is limited to the laboratory's location and the standards for which the laboratory is accredited.

22.4 Certificates

22.4.1 Certificates are intended for display at the location of the accredited laboratory or can be linked directly to the Directory of AASHTO Accredited laboratories on the laboratory's website. When promoting accreditation or providing proof of accreditation, laboratories shall use the current scope of accreditation in conjunction with the certificate, as this document details the specific tests that are included.

22.4.2 The laboratory's accreditation certificates must be disposed of and advertising references to AASHTO Accreditation must be discontinued (a) when accreditation has been revoked by the AAP, (b) when the laboratory voluntarily withdraws from participation in the AAP, or (c) if the laboratory becomes unable to conform to any of the criteria required for accreditation.

22.5 Websites

22.5.1 Information on websites must conform to this policy. To ensure access to the most current scope of testing, laboratories are encouraged to use a link to their scope of testing found on the AAP Directory of Accredited Laboratories.

22.6 Test Reports

22.6.1 A laboratory may use an accreditation statement or the AAP logo on test reports where all the tests appearing on a test report are included in the scope of the laboratory's accreditation.

22.6.2 Where a laboratory is accredited for none of the tests on a test report, a laboratory shall not use a statement regarding accreditation or the AAP logo on the report or any document attached to the report.

22.6.3 Where both accredited and non-accredited tests appear on any report, the laboratory must clearly identify those tests that are not included in the scope of the laboratory's accreditation. For example, a laboratory might include a statement that the laboratory is not accredited for any test methods marked by an asterisk.

22.6.4 There shall be nothing in the test report, any attachments, or other materials that implies or may lead any user of the results or any interested party to believe that the work is covered by the scope of accreditation when it is not.

22.7 Publicizing Accreditation

22.7.1 Use of statements regarding accreditation or the AAP logo shall be done in a manner that accurately represents the laboratory's accreditation status.

22.7.2 Statements regarding accreditation or the AAP logo shall not be used by laboratories that are seeking, but have not yet been granted, accreditation.

22.7.3 Statements regarding accreditation or the AAP logo shall be used by an accredited laboratory only under the name in which it holds accreditation.

22.7.4 Statements regarding accreditation or the AAP logo shall be used by an accredited laboratory only for the location at which it holds accreditation if the company has more than one laboratory location.

22.7.5 Reference to the accredited status of a laboratory may not be part of any promotional endorsement of services not covered by the laboratory's scope of accreditation.

22.7.6 A laboratory that is not accredited shall not state that it possesses valid accreditation to any specifier or project owner as part of the bid process.

22.7.7 A laboratory shall not state that items tested in their accredited facility have been certified by AASHTO, AASHTO re:source, or CCRL.

22.7.8 If a statement regarding accreditation or the AAP logo is printed on a business card, it must be clear that the laboratory, and not the individual, is accredited.

22.7.9 If a statement regarding accreditation or the AAP logo is printed on letterhead or other corporate stationery, such stationery shall not be used for work proposals or quotes if none of the work is within the scope of accreditation.

22.7.10 If an accredited laboratory is part of a larger organization, it may use statements regarding its accreditation or the AAP logo on the organizational letterhead, provided that the accredited laboratory is identified by name and location immediately preceding or following the statement or symbol.

22.8 Consequence of Violation of the Policy

Any laboratory that is found to violate this policy will be notified and granted one week to resolve the issue. If the laboratory does not resolve the issue, the laboratory's name and location will be listed on the Notice of False Accreditation Claims on the AASHTO re:source website (https://aashtoresource.org/aap/false-claims) along with an explanation of the violation. AAP reserves the right to directly notify any specifier, project owner, or other organization about a laboratory's violation of this policy. Examples of unacceptable statements can be found in the AASHTO Accreditation Policy on Publicizing Accreditation.